BEST AVAILABLE COPY

	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004								Application or Docket Number				
-									10/561,006				
		CLAIN	NS AS FIL	AS FILED - PART I			SMALL ENT TYPE					ER THAN	
1	· · · · · · · · · · · · · · · · · · ·			(Column 1) (Column 2)					, , , , , , , , , , , , , , , , , , ,	OR 	SMAL	SMALL ENTIT	
-	J.S. NATION	AL STAGE FE	S	·····		4	RATE	FE	E		RATE	FE	
В	ASIC FEE		SMAI	LL ENT. = \$ 150	LARGE ENT. = \$ 300			15	0	OR BA	SIC FEE		
E	MOITANIMAX	FEE		PCT Article 33(1)- =\$-50-/-\$-100	All other situations =		EXAM. FEE	10	0	EXA	EXAM, FEE		
s	SEARCH FEE			SA = \$50 / \$100 her countries = 200 / \$400	All other situations = \$ 250 / \$ 500		SEARCH FE	E 21	00	SEA	RCH FE	E	
FE	EE FOR EXTR	A SPEC. PGS.		minus 100 =	/ 50 = -		X \$ 125	=		×	\$ 250	=	
TC	TAL CHARGE	EABLE CLAIMS	12	minus 20 =			X \$ 25 =		c	OR X \$ 50			
INI	DEPENDENT	CLAIMS	3	minus 3 =		X \$ 100			$\neg \circ$	R X	\$ 200 =	=	
ML	JLTIPLE DEPE	ENDENT CLAIM	PRESENT			1	+ \$ 180 =		$\neg \circ$	OR +\$360		:	
•	i the differen	ce in column 1	is less than	ess than zero, enter "0" in column 2			TOTAL	450	o o	R T	OTAL	1	
A TA	10-10-6	CLAIMS REMAINING AFTER AMENDMENT		(Columi HIGHES NUMBE PREVIOU PAID FO	R PRESENT SLY EXTRA		SMALL RATE	ADDI- TIONAL FEE	Of	_	MALL ATE	ADDI- TIONAL FEE	
AMENDMENT	Total	- 11	Minus	" 20	· -		X \$ 25 =		OR	X \$	50 =		
AME	Independent	. 3	Minus	*** 2	5 =		X \$ 100 =		OR	X\$.	200 =		
	FIRST PRE	SENTATION OF	MULTIPLE D	EPENDENT CL	AIM 🔲		+\$ 180 #		OR	+\$:	360 =		
						To	OTAL ADDIT. FEE		ÖR		ADDIT.		
		(Column 1)		(Column :	2) (Column 3)								
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA		RATE	ADDI- TIONAL FEE		RA	TE	ADDI- TIONAL FEE	
	Total	•	Minus	••	=	7	(\$ 25 =		OR	X \$ 5	50 =		
N CONTRACTOR	Independent	•	Minus	***	=	X	\$ 100 =		OR	X \$ 2	00 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				м	+	\$ 180 =		OR	+ \$ 36	50 =		
						TO	TAL ADDIT. FEE		OR -	TOTAL A			
			·								_		
, K	the Highest Nur the Highest Nur	mn 1 is less than the mber Previously Pai mber Previously Paid ber Previously Paid	d For In This !	SPACE is less than SPACE is less than	"20", enter "20".	he app	ropriale box in	column 1.					